

General claim form



Client number if known

Do you know you can send photos and receive claim notifications via the Rothbury App – Download it now!

1 POLICY HOLDER DETAILS

Full name of insured (Mr/Mrs/Miss/Ms)

Address

Home telephone

Business telephone

Mobile telephone

Email address

2 CIRCUMSTANCES OF LOSS Please complete in all cases

Date

Day

Time

Where did loss occur?

Is there any other insurance with any company relating to this loss?

☐

Y

☐

N

If **yes**, please give details

If loss caused by another person, please give name and address

Have you, within the past five (5) years, made a claim against any Insurance Company?

☐

Y

☐

N

If **yes**, please give details including co. name

Please explain what happened – continue on a separate sheet if necessary.

03 COMPLETE IN ALL CASES RELATING TO PROPERTY DAMAGE

Are you the sole owner of the property concerned?

☐

Y

☐

N

If **no**, please give details of other interest and party concerned

If burglary, loss, or theft claim, to which Police Station was it reported?

Date reported

Acknowledgement form attached

☐

Y

☐

N

If burglary, state means of entry to premises

PROPERTY SCHEDULE

NB: In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

DESCRIPTION OF PROPERTY LOST OR DAMAGED (STATE EACH ARTICLE/ITEM SEPARATELY)	DATE PURCHASED AND PRICE	PRESENT COST OF REPLACEMENT	AMOUNT CLAIMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more space is required, please complete on a separate page. Questions and Declaration on the back of this form must be completed.

TOTAL

For Glass Breakage Claims – If you are a tenant of a commercial building, please provide proof that you are liable under the terms of your lease.

4 PUBLIC LIABILITY

Name of owner of property damaged

Address of owner of property damaged

Telephone number

Insurance Company (if known)

Was the owner known to you?

☐ Y ☐ N

If **yes**, in what capacity?

Has a claim been made on you?

☐ Y ☐ N

Name of witness of accident/event

Address

Telephone number

Mobile phone number

Name of witness of accident/event

Address

Telephone number

Mobile phone number

Have you obtained an estimate for repairs?

☐ Y ☐ N

Amount of estimate obtained

\$

Description of damage

5 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

6 DECLARATION

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including

Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.

4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 2020; and
5. All information collected will be held by Rothbury Insurance Brokers, 188 Quay Street, Auckland and/or the Insurer.

Signature of Policyholder/Insured

Full name

Position

Date

SIGN
HERE

FOR OFFICE USE ONLY

PERSONAL

☐

COMMERCIAL

☐

LOSS TYPE

INSURANCE COMPANY

CLIENT NO
IF KNOWN

ROTHBURY CLAIM
REFERENCE NO

POLICY NO

EXCESS

DUE DATE